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Bib Data Sheet

CONFIRMATION NO. 4737

<b>SERIAL NUMBER</b> 10/533,129	<b>FILING OR 371(c) DATE</b> 04/29/2005 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3743	<b>ATTORNEY DOCKET NO.</b> 22106-00089-US1
<b>APPLICANTS</b> Odd Halsnes, Bastad, NORWAY; <b>** CONTINUING DATA *****</b> <i>TKM</i> This application is a 371 of PCT/NO03/00358 10/28/2003 <b>** FOREIGN APPLICATIONS *****</b> <i>TKM</i> NORWAY 20025231 10/31/2002				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>TKM</i> Examiner's Signature <i>TKM</i> Initials		<b>STATE OR COUNTRY</b> NORWAY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 6
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> 30678				
<b>TITLE</b> Exhalation system				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	